Encompass Health

APPENDIX

Contains:

IM Equipment Setup	A-2
 IMC Virtual Course Technical FAQ's 	A-4
 IM Settings & Definitions 	A-6
On-Screen View	A-6
IM Program Features	A-7
• Games	A-11
 Visual Screen & Guide Sounds 	A-13
 IM Indicator Table 	A-14
IM Quick Reference Guide	A-15
Sample Reports:	
 Sample SFT Performance Analysis Report 	A-18
 Sample SFT Task Average Graph 	A-18
 Sample Short Form Test SRO% Graph 	A-19
Sample Pre LFA Calculations Report	A-20
Sample Post LFA Calculations Report	A-21
 Sample LFA Comparison Report 	A-22
 Sample AOT Task MS Average Graph 	A-23
 Sample AOT Variability Average Graph 	A-23
Sample Session Data Report	A-24
Sample Session IAR Graph	A-25
 Sample Session Burst Graph 	A-25
 Sample Session SRO% Graph 	A-26
 Sample Best Task Average Graph 	A-26
Sample Variability Average Graph	A-27
 Sample Total Minutes/Repetitions Report 	A-27
 Sample Session Calendar Report 	A-28
IM Best Practice Resources	A-29
IM Training Goals	A-31
Contact Map	A-32

A-2 IM PORTABLE PRO UNIT (PPU) SET UP INSTRUCTIONS



2

CONNECT THE TRIGGERS

Connect the splitter to the bottom of the PPU in the trigger port









The lights on the PPU will blink **RED** when the button trigger is pressed and blink **WHITE** when the tap mat is touched.

3 PLUG IN THE HEADPHONES





CONNECT THE USB & AUDIO CABLES TO THE PPU





5 CONNECT THE USB & AUDIO CABLES TO THE COMPUTER

Connect the larger end of the USB cable into an appropriate port on the Laptop.

The plug will only fit one way, do **NOT** force the USB cable in the wrong way!

6 PPU READY TO USE



TROUBLESHOOTING *If both lights are not blue:*

- Move USB cable to another available port.
- If that does not work, make sure computer is NOT running off of battery power & unplug and replug USB cable into computer.

A-4 IMC VIRTUAL COURSE TECHNICAL FAQ'S

- How do I install the IM Pro Universe Software and Connect my equipment?
 - https://www.dropbox.com/sh/c8ql4dgn6vrmwx1/AAA0Eoi6UdDilclCA88UN7Xfa?dl=0 **NOTE** This video will show step by step instructions for both equipment setup and software installation
- How do I increase the font size and GUI appearance in the IM Pro Universe software?
 - Mac OSX Instructions- **NOTE** The IM Pro Software must be closed to complete this operation
 - Step 1- Navigate to the Go Menu on you Mac
 - Step 2- Select the 'Go to Folder' link from the list
 - Step 3- type the following text into the field: ~/.config/
 - Step 4- Open the IM Pro folder
 - **Step 5-** Open the Global Settings.cfg file Select Text edit as the application if the file does not automatically open
 - Step 6- Change the line item labeled 'Resolution' to 1920x1080 or lower
 - Step 7- Close the file and it will save the changes for you.
 - Step 8- Open the IM Pro Universe Software and verify that the settings are acceptable

****NOTE**** Repeat the above steps if the settings require further adjustment.

Windows PC Instructions- **NOTE** The IM Pro Software must be closed to complete this operation

Step 1- Navigate to the C: Root directory on your PC

- Step 2- Locate and open the 'Users' Folder
- Step 3- Open the profile folder that you are logged in under (usually your name)

Step 4- Locate the 'AppData' folder

****NOTE**** this file is hidden and may require you to 'show Hidden files/folder'

- Locate and select the 'VIEW' tab towards the top of the window
- Once 'View' has been selected, locate and place a check in the Hidden items checkbox

Step 5- Open this folder and select the 'Roaming' folder

- Step 6- Select the IMPro folder
- Step 7- Open the GlobalSettings.cfg file (use notepad if asked which program to use)

Step 8- Change the Resolution settings line item to 1680x1050 or lower.

Step 9- Close the file and re-open the IMPro application to verify the changes

****NOTE**** Repeat the above steps if the settings require further adjustment.

• What do I do if the software says that I have 0 minutes remaining?

This usually indicates that the computer and your IMPro MCU have ceased to communicate.

- Remove the MCU usb cable from the back of the MCU
- Close the IMPro application, wait 5 seconds and re-open the IMPro application
- Re-attach the MCU and verify that the MCU minutes are displayed at the bottom of the screen
- If you are truly out of minutes contact IM Technical Support (954) 385-4660 option 5

What if both the Button Trigger and Tap Mat do not work when tapped?

- WIRED: Verify that you have the triggers plugged into the correct port on the MCU
 - The bottom port on the front of the MCU
 - Verify that splitter cable is firmly attached and both triggers are firmly attached to the splitter
 - Test the trigger- Click both devices and the bottom MCU blue light will flash pink if working

<u>If still not working:</u>

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- Test each trigger by plugging them into the trigger port one at a time.
- Test the trigger- Click both devices and the bottom MCU blue light will flash pink if working
- If working independently, the splitter is the problem

• Why are my wireless triggers not working?

- Battery model is CR2032 ONLY
- Make sure that you have a working battery installed.
- If you have a working device take that battery and test it with each trigger that you have
- How do I adjust the window frame in IMPro software?
 - <u>MAC OSX-</u>
 - Hold down the COMMAND key on your keyboard and press the F key simultaneously **NOTE** The window will adjust and allow you to move it around your screen.
 - Windows PC-
 - Hold down the ALT key on your keyboard and click the Enter key simultaneously **NOTE** The window will adjust and allow you to move it around your screen.

A-6 IM SETTINGS & DEFINITIONS

REF:	Reference Tone (Cowbell)
GUIDE:	Buzzer sound when you're way too early or way too late
RO:	Rubber Band Twang that tells you when you're within the set difficulty range of training
SRO:	Reward tone that tells you if you are within the set SRO range.
IAR:	Highest number of consecutive SRO hits during a task
Burst:	A setting to help motivate your clients to get SRO hits! Several bursts can be earned during each task. The more bursts achieved, the more neural synchronization is taking place!
Difficulty:	The setting that determines when your client hears the "Guide" sound
Tempo:	Beats per minute or speed of the metronome (default is 54 bpm)

ON-SCREEN VIEW



Hits During Training Sessions

IM PROGRAM FEATURES



- A. Menu Bar: Contains lists of necessary and additional functions and settings.
- B. Control Panel: Displays options and information used during tasks
 - 1. **Counter**: Displays and counts down the number of repetitions and the number of minutes set for a task. When in assessment modes, the number of repetitions/minutes is preset. However, for "Regular Training" and "In-Motion" modes, you can set the number of repetitions or minutes by clicking on the up or down arrows. **NOTE:** *The repetitions/minutes can only be adjusted when a training file is open.*
 - 2. **Tempo**: Displays the rate (beats per minute) of the reference tone. The default setting is 54 beats per minute. When in assessment modes, this is a fixed setting. However, for "Regular Training" and "In-Motion" task modes, this can be adjusted by clicking on the up arrow to increase the tempo or the down arrow to decrease the tempo.
 - 3. **Difficulty**: Indicates the millisecond threshold beyond which your client will hear negative feedback telling him he is Very Early or Very Late. As long as your client stays below this millisecond threshold, he will hear the more pleasing Right-On and Super Right-On guide sounds. To select the Difficulty, the "Auto Dif" must be turned off (no check in box). Difficulty is adjusted by clicking on the up or down arrows on the Control Panel to increase or decrease it.
 - 4. **SRO**: Displays the minimum millisecond score required to achieve a "Super-Right-On" or SRO hit. The default setting is 15 milliseconds (therefore, if you don't change anything your client must hit between 0-15 ms before or after the reference beat to achieve a SRO hit). The SRO threshold can be adjusted as you deem appropriate to make training easier or more challenging. You can choose a SRO threshold between 10 50 milliseconds. **NOTE**: *This feature should be used in conjunction with difficulty and/or tempo to achieve the most SRO hits.*
 - 5. **Burst Threshold:** Burst Threshold determines the number of consecutive, or in-a-row, hits your client must make to earn 1 Burst. A burst is earned each time your client hits a designated number of times consecutively in the SRO range. This number is designated by you when you set the Burst Threshold. For example, the default Burst Threshold is 4. Therefore, each time your client hits 4 times in-a-row within the SRO range of 0-15 ms, he earns 1 burst. If he earns 10 bursts over the entire exercise, that means on 10 different occasions during that exercise he made at least 4 SRO hits in-a-row. To adjust the Burst Threshold, click on the arrow on the Control Panel next to Burst. You will then select a threshold between 2 -15 hits. **NOTE**: *This feature should be used in conjunction with difficulty and/or tempo to achieve the most bursts.*

A-8

- C. **Sound Volumes Panel**: Displays the volume setting for IM tasks.
 - 6. **Ref**: Displays the volume for the **Reference Tone.** The default setting is 127. Use the arrow and slider to set the desired volume.
 - 7. **Guide**: Displays the volume for the **Guide Sounds**. The default setting is 127. Use the arrow and slider to set the desired volume.
 - 8. **RO**: Displays the volume for the **Right On** tone. The default setting is 127. Use the arrow and slider to set the desired volume.
 - 9. **SRO**: Displays the volume for the **Super-Right-On** tone. The default setting is 127. Use the arrow and slider to set the desired volume.
 - 10. **Master**: Displays the master volume for the IM exercise. The default setting is 107. Use the arrow and slider to set the desired volume.
 - 11. **Game**: Displays the volume setting for the background audio on training visual screens. Use the arrow and slider to set the desired volume.
- D. **Traffic Light Icon Button:** Starts and stops the selected task. The "F2" key performs the same action. This button will not illuminate if the MCU is not connected or if no file is open.



E. Training Panel: Contains options for task mode and exercises.



- 12. **Task Mode Selector:** Lists and indicates which mode is selected including: Short Form Test, Long Form Assessment, Regular Training, In-Motion, or Attend Over Time. **NOTE:** Selection of Long Form Assessment enables another group of check boxes – Pre, Interim, and Post.
- 13. **Exercise Selector:** Lists and indicates which exercise is selected. Each task mode has a different list of available exercises.

NOTE: *When in assessment modes, the sequence of exercises is presented in a set order and automatically advances to the subsequent exercise.*

- 14. **Count-in:** When checked, adds five "warm-up" repetitions (beats) to the counter. These will not be counted by the program, which will begin recording data on the sixth repetition of the task.
- 15. **Guide Sounds:** When selected (checked), activates feedback tones in addition to the reference tone. When deselected (no check in box), only the reference tone is heard. When in assessment modes, this is preset. However, for "Regular Training" and "In-Motion" modes, this can be turned on or off.
- 16. **Auto Dif:** When "Auto Dif" (Auto Difficulty) is selected (box checked), the program continuously changes the "Difficulty" setting during an exercise based on the individual's most recent trigger hits.

F. Member Panel: Contains trainer and trainee information.



- 17. **Trainer:** Displays the IM provider's name. If there is more than one provider name in the file (which is possible only with a file created using a version of the IM software prior to IMPro version 6.0), select from the drop-down box by clicking the arrow and then select the desired name.
- 18. **Trainee:** Displays your client's name. If there is more than one individual's name in the file (which is possible only with a file created using a version of the IM software prior to IMPro version 6.0), select from the drop-down box by clicking the arrow and then select the desired name.

The **Performance Status Area** displays data calculations based on trigger hits recorded during an assessment or exercise. In certain Training Visual screens, it also displays indicators related to accuracy of your client's trigger hits in relation to the reference beat. Hits fall into pre-defined specified areas range from 555 milliseconds before the reference tone (Very Early) to 555 milliseconds after the reference tone (Very Late). A hit falling on zero milliseconds is synchronized exactly with the reference tone.



- G. Current Scores Panel: Contains performance data during the task.
 - 19. **Task Average**: Displays the current millisecond average of your client's trigger hit while an assessment or exercise is in progress.
 - 20. **Bursts**: Counts and displays how many times the current burst rate was achieved during an exercise. For example, if the **Burst Threshold** is set to 4, each time 4 trigger hits in-a-row are within 15 milliseconds of the reference tone, the Burst counter will increase by 1. **NOTE:** *You can make changes to the Burst Threshold via the control panel.*
 - 21. **Highest IAR**: Counts and displays the highest number of trigger hits in-a-row that were within the selected SRO range during any one uninterrupted assessment task or exercise. Keep in mind, 15 milliseconds is the default SRO setting.

NOTE: You can make changes to the SRO threshold via the control panel.

22. **SRO:** Counts the number of "Super-Right-On" hits during an assessment task or exercise. **NOTE:** *You can make changes to the SRO threshold via the control panel.*

A-10

- H. IM Indicator Panel: Displays real-time feedback as your client hits the trigger.
 - 23. **Very Early Hit Box**: Indicates that the trigger hit was very early (beyond the maximum millisecond value set for "Early" trigger hits) and displays how far away from the reference tone it was in milliseconds.
 - 24. **Early and "Super-Right-On" Hit Box**: Indicates that the trigger hit was early and displays how far away from the reference tone it was in milliseconds. "Super-Right-on" hits that do not fall exactly on the reference tone, but are early by less than 15 milliseconds, also appear in this location.
 - 25. **Visual Guide**: A set of lines in the square that flash exactly on the reference beat.
 - 26. Late and "Super-Right-On" Hit Box: Indicates that the trigger hit was late and displays how far away from the reference tone it was in milliseconds. "Super-Right-on" hits that do not fall exactly on the reference tone, but are late by less than 15 milliseconds, also appear in this location.
 - 27. **Very Late Hit Box**: Indicates that the trigger hit was very late (beyond the maximum millisecond value set for "Late" trigger hit) and displays how far away from the reference tone it was in milliseconds.
 - 28. MCU Connection: Displays the connection status of the MCU.
 - 29. IM Data File: Displays the file that is currently open for training.

GAMES

IMPro 9.0 offers a selection of games (animated 3D graphics). The games are a fun way to improve timing and rhythm while keeping your client engaged and challenged. The better your client's timing and rhythm, the higher he scores on the games. The games included in this software were developed with both children and adults in mind.

Some will appeal more to children (i.e., Monkey, Space Invaders, and Fairy Land), while others appeal more to adults (i.e., Zen Garden, Groovy, and Picture Board).



Left to Right: Monkey, Space Invaders, and Fairy Land



Left to Right: Zen Garden, Groovy, and Picture Board

There are sport games that appeal to both children and adults (i.e., Hoops (basketball), Golf, and Goal (soccer).



Left to Right: Hoops (basketball), Golf, and Goal (soccer)

And lastly there are games that encourage saccadic and smooth visual pursuit eye movements (i.e. Fishin' and Sammich'). Fishin' requires your client to move his eyes back and forth rapidly between targets in all plains (saccades). Sammich' encourages your client to follow the movement of a visual target with smooth visual tracking (smooth visual pursuits). As appropriate, you may encourage your client to follow the visual targets without head movement and without eye deviation away from the target (shown below).



Left to Right: Fishin' and Sammich'

A-12

Most of the games provide rewards for SRO hits, while a few of the games provide both rewards & penalties to help motivate your client to get into and stay in the SRO range as much as possible. See the examples listed below:

GAMES WITH REWARDS

HOOPS	SRO hits earn baskets.
GOAL	SRO hits earn goals.
GOLF	SRO hits make a green trail down the middle of the course directly towards the flag.
FISHIN'	SRO hits reel in a fish bobbing out of the water.
SAMMICH'	SRO hits adds a novel/funny layer of food to the sandwich going across the screen.
FAIRY LAND	SRO hits make dead flowers turn purple and have magical fairy dust come out of the wand.
GROOVY	The reward in this game is subtle. SRO hits make the purple background and green lava matter slowly fade away until the screen is white.

GAMES WITH REWARDS & PENALTIES

MONKEY Reward: SRO hit makes the monkey climb up the tree.

Penalty: Very Early/Vary Late hits make the monkey fall from the tree, and the monkey must start climbing from the bottom.

SPACE INVADERS Reward: SRO hits make a mean red alien turn into a happy green alien and fly off the screen.

Penalty: Early/Late and Very Early/Very Late hits will add the angry aliens back. This does not happen all of the time, but rather randomly. The screen will always have at least one alien in it until they replenish.

ZEN GARDEN Reward: SRO hits make leaves appear on a tree branch.

Penalty: Very Early/Very Late hit take away earned leaves from the branch.

PICTURE BOARD Reward: SRO hits make a block of the picture appear.

Penalty: Very Early/Very Late hit takes away an earned block of the picture.

VISUAL SCREEN & GUIDE SOUNDS



LOWER MILLISECOND SCORES ARE BETTER!

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	ract
	SIUE

Interactive Metronome Indicator Table

Superior	Exceptional	Above Average	Average	Below Average	Severe Deficiency	Extreme Deficiency	Age
Below 40	40-55	56-89	90-119	120-174	175-279	280+	6
Below 32	32-44	45-64	65-89	90-169	170-269	270+	7 to 8
Below 28	28-37	38-54	55-79	80-159	160-259	260+	9 to 10
Below 26	26-35	36-44	45-74	75-154	155-239	240+	11 to 12
Below 23	23-32	33-42	43-71	72-149	150-214	215+	13 to 15
Below 22	22-29	30-40	41-69	70-146	147-199	200+	16+

Metronome

IM Quick Reference Guide

Tempo (Default 54)SpeeDifficulty (Default 100)Thre:Volume (Default 27)VoluTask Average (ms)AverVariability Average (ms)Aver	ad of the reference tone removes 20 – 100 heats her minute
Difficulty (Default 100)ThreeVolume (Default 27)VoluTask Average (ms)AverVariability Average (ms)Aver	
Volume (Default 27)VoluTask Average (ms)AverVariability Average (ms)Aver	shold for very early/very late buzzer, ranges 50 (moderate challenge) – 300 (easiest) or Auto (most difficult)
Task Average (ms) Average Variability Average (ms) Aver	ime of reference tone & guide sounds, ranges 0 – 27
Variability Average (ms) Aver	age number of milliseconds from the beat during exercise, lower Task Average (ms) indicates better performance
	age number of milliseconds from one hit to the next, measure of precision, lower variability ave (ms) is better
Super Right-On (SRO%)	entage of hits in the exercise that were within 0 – 15 ms of the beat, higher % indicates better performance
Highest In-A-Row (IAR)	nest number of consecutive hits within 0 – 15 ms over the entire exercise, higher IAR indicates better performance
Burst & Burst Threshold BURS	us score for making consecutive hits within 0 – 15 ms range during the exercise, burst threshold can be set between 2 (easiest) – 15 (hardest), higher # of sts is better & is strongly correlated with better performance in the cognitive, communicative, behavioral, sensory and fine/gross motor skills. ENCOURAGE STS!!!
Patient's Task Average (ms) Sug	gested Difficulty Setting
More than 200 ms 300 ((easiest)
150 ms 250	
100 ms 150	
50 ms 100	
25 ms or less Auto	o (most challenging)
Performance Problem A Few St	trategies to Help Your Client Achieve Better Timing & Rhythm (click on EDUCATION page of IM website for additional ideas & CEUs)
No sense of timing; random hits visual mo.	ddy movement to the beat (i.e., moving a ball forward to hit a trigger then back, rocking to the beat with assistance), proprioceptive input to the beat, ode, hands-on assistance, hit opposite of beat initially, then on the beat
Hits are consistently VERY Increase t EARLY (200-400 ms range) move to h	tempo initially to go with client's flow, then reduce it over time, place distance between client and trigger (Velcro to a surface) so that client must physically bit the trigger, building in a natural delay to help him get more in sync with the beat
Hits are consistently VERY LATE Decrease (200-400 ms range)	tempo initially to match what client is able to process or coordinate to; look at why hits are late (is it a movement issue? Or a cognitive processing issue?)
	مسمد والمهلية ومقمد معرامينية ومنتقصمهم النققم القمار فلم لتماسية بشميت بنشيم والمملح ومنتهم المرابيا والمنتشف ومستنقص مسمع فلم
Hits with hands are not circular Adjust ter or rhythmical (may clap tempo is termpo is termpo) straight, linear, choppy, or movemen hesitanthy	mpo slightly faster or slower (experiment a bit to find the just-right tempo where your client does not have to "think" about how he is moving); once the established focus on circular movement at high repetitions to improve motor planning & sequencing; provide hands-on assistance to achieve rhythmical nt, weaning to visual model to no cues as able
Hits are opposite from the beat Hands-on	assistance; visual mode to "show" hitting on the green with hands-on assist (this can be done in Phase 1 if needed with guide "sounds" turned off – client
instead of on it will just se	ee visual guides
Have clier Hits are overly hard sensory p	nt tap the trigger with one finger instead of open palm, encouraging circular movement. Check effect of IM volume or feel of the IM equipment on vrocessing – this may be a contributing factor. Incorporate strategies for sensory integration (i.e., deep pressure & other strategies to calm the central vvstem)
Overly sensitive to IM sounds or Decrease	volume. Sneakers instead of headinhones. Larger or Onen-System Headinhones Velicro switch to a surface or vou wear it instead of vour client so he can
feel of the equipment tap it; soft	t chenile gloves or mittens with the IM glove and trigger over top. Slow, linear rocking to the beat & other sensory strategies.
Score is a lot worse when guide Adjust Dif sounds are turned on	fficulty to easier setting (i.e., 200-300). Decrease volume of guide sounds. Visual mode. Visual mode with guide sounds turned off (visual feedback only). e guide sounds gradually instead of all at once by adjusting volume on some to zero.
Difficulty focusing and Make IM t participating	training kid-friendly if working with child. Shorter exercises initially – gradually lengthen as able to attend/participate. Sensory strategies for organization in a Positioning changes to decrease mobility around the room and distraction.
Hyporesponsive Alerting s	strategies: jumping to beat, frequent change of activity, frequent reinforcement, colorful room, Increase tempo
Break ses: over, etc), Pediatric Adaptations costumes amount o	sion into small increments/intersperse with play (child-led), Incorporate IM into an obstacle course using spatial terms (i.e., inside, outside, on, under, , Do IM in pop-up tent or under table (i.e., cave), 'help' favorite toy stay on beat, hit trigger with favorite toy, challenge the therapistthen try to beat the 's score, take turnstherapist does 10 beats, then child does 10 beats repeat, Vary positions (lying, sitting, standing on a chair), Play dress-up with s during IM role play a character/super hero, Don't rush into guide sounds if not ready. Tangible reward (i.e., penny or other token for every burst or of time focusing or participating during IM)

Phase	Performance Goals & IM Adaptations
	GOAL: MOVE RHYTHMICALLY WHILE SYNCHRONIZING WITH THE REFERENCE TONE EXERCISES: HANDS ONLY
	 With guide sounds off, repeat hand exercises until client attempts to synchronize with reference tone If movements with hands are choppy, hesitant, linear instead of circular, or otherwise lack coordination, adjust the tempo to either slightly slower setting (i.e., 52 bpm) or slightly
	Taster setting (i.e., 65-70 ppm) so that your client can move more rnythmically and automatically without naving to think about the movement so much. Once you and the "Just-right" tempo, increase repetitions (i.e., as much as 5-10 minutes per hand exercise) as tolerated to improve motor planning & sequencing. This will help your client progress through IM train
1	ing and will contribute to optimal training outcomes.
ase	 If your client has nemplegia or other condition that alrects use or one arm/nand, start with use or the good arm/nand instructed rule client, what to do, then progress to the weaker or more affected side. When using the weaker/affected side, you will need to reduce the tempo (experiment to find the right tempo for the person to move as effortlessly and rhyth- microlity procession).
Ph	 Adjust other IM settings & equipment as needed (volume, use of visual mode without guide sounds if needed to aid attention or to engage the client, etc) Adapt your approach for sensory & motivational needs of pediatric patients (i.e., high-five, fantasy play, etc). Custom exercises can be created that engage the hands to teach the reference.
	 ence tone while engaging the child. If your client has difficulty tolerating a full IM training session, start with shorter sessions, but increase time and repetitions as tolerated.
	 Repetition is critical. Your client will not likely derive benefit from IM training once per week or if sessions are too abbreviated. Consider IM Home training as an adjunct to in-clinic or in-school IM training to achieve the desired frequency and intensity (minimum of 3 training sessions per week for 30-45 minutes) Duration of each exercise should be 1-3 minutes; <u>Note: exercise durations longer than 3 min may be more effective to teach motor planning & sequencing/rhythm (the tempo must also be adjusted for the individual if working on this)</u>
When to	o Transition to Next Phase
Under Clappi require case, ai Your cl	rstands what to do & tries to synchronize without cues or hands-on assistance ing in a circular, rhythmical fashion with good motor planning & sequencing should be a goal of Phase 1. Some clients may require only a few sessions to achieve this goal, while others may e more training. At times, motor planning & sequencing is significantly impaired so that some improvement is seen with IM training but the condition is not completely eradicated. In that sim for as good as you can get in Phase 1 before moving on to Phase 2 where feedback will be added in the form of guide sounds. Hent may still need easier IM settings (i.e., reduced volume, modified tempo, visual cues)
Your ci contin trol. A necess Pediati	Ilent's lask Averages (ms) may still be in deficient range; you should see further improvement once in Phase 2 where the client begins to receive feedback (exception: ir your client displays rued impairment in motor planning & sequencing/dyspraxia, the feedback about timing & movement may make performance worse. Responding to the feedback requires fine motor con- person with impaired motor planning & sequencing often does not have adequate fine motor control to make the necessary adjustments in response to the feedback. Therefore, it may be sary to work in Phase 1 for a longer period of time for these individuals to help them improve before moving to Phase 2). Tric clients may derive benefit from IM even if they need total assistance through entire IM program
Phase	Performance Goals & IM Adaptations
Phase 2	 GOAL: LEARN TO PROCESS & RESPOND TO THE GUIDE SOUNDS EXERCISES: HANDS ONLY Turn guide sounds on Repeat hands exercises until your client learns what the guide sounds mean & begins to modify performance in response to them (i.e., self-monitors and self-corrects to get progressively closer to the beat). Task Averages will begin to improve. As you watch the computer screen, you will see your client process & respond – this will be reflected with better scores each hit and with changes in timing of gradually smaller millisecond increments. If your client bounces back and forth between very early and very late & can't quite seem to find a happy medium, there may be difficulty with fine motor control (motor planning & sequencing). First try adjusting Difficulty (see chart below), volume of guide sounds, and/or discontinue use of the visual mode if this is being used (feedback about timing & movement makes performance worse when the client exhibits impaired motor planning & sequencing). If this does not resolve the problem and help the client improve ms scores, then try turning of the guide sounds, return to Phase 1 & follow instructions above for working on motor planning & sequencing. Note: Clients with significant attention & cognitive processing deficits may benefit from guide sounds, but may need hand-over-hand assistance and cues to learn to process and respond to the feedback. If you have to backtrack to Phase 1, that is entirely okay. Work on fluid, rhythmical movement and help the client achieve the best motor planning & sequencing he can achieve before moving on to Phase 2 again. Duration of each exercise should be 1-3 minutes; attempt to increase duration of exercises to 5 min if tolerated. Remember, repetition is very important. NOTE: If working with client with Auditory Processing Disorder, do not train with the visual mode. Visual mode may be necessary to teach guide sounds, then should be turned off.

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IM Quick Reference Guide

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Your client understands what the guide sounds mean and responds to them, even though response to guide sounds may be somewhat delayed and timing (ms Task Averages) are still not where you want them to be

Your client may still require modifications to IM settings or exercises when you transition to Phase 3

Goals & IM Adaptations Performance Phase

GOAL: ACHIEVE BEST POSSIBLE TIMING & RHYTHM WITH HANDS IN ORDER TO IMPROVE FOCUS, COGNITIVE PROCESSING, & MOTOR COORDINATION. THIS IMPORTANT STEP SETS THE STAGE FOR FURTHER IM TRAINING. **EXERCISES: HANDS ONLY** Phase 3

developmental age. Some clients will reduce ms scores significantly (20-40ms range) in Phase 3, while others will perform within 40-100ms range). Get scores as low as you can with IM setting modifications & cues to help the client process & motor plan/sequence. Improvements in timing here set the stage for further gains! The timing skills your client gains with his With guide sounds on, continue to repeat hand exercises until Task Averages (ms) improve. Use the Indicator Table as a guide for where your client should be according to his hands serves as the frame of reference for timing in the lower extremities and other areas as you progress through IM training.

Continually increase the challenge level of IM settings as appropriate & increase the duration of each exercise as tolerated (3-5 minutes is typical here).

ccina Dicordor do not train with the vicual mode 20.00 her if working with a client with Audit, LOTE, D.

	INOTE: RETIRETIDEL, IT WORKING WITH A CHEFTLWITH AUGUOY FLOCESSING DISOTAEL, AO FLOC HAITI WITH UN	
When	When to Transition to Next Phase	
Task	Task Averages (ms) have significantly improved and your client now knows what it feels like to have good tir	ave good timing $\&$ rhythm with the hands. This very important framework will set the stage for the
. You	 Your client may still need modifications to IM settings or exercises – that is okay. Keep going with what is we 	h what is working for each individual client. Skills will be refined in Phase 4.
Phase	Phase Performance Goals & IM Adaptations	
	GOALS: GENERALIZE TIMING SKILLS TO OTHER AREAS 1. IMPROVE FOCUS & FINE MOTOR SKILLS/COORDINATION	
	2. IMPROVE SUSTAINED ATTENTION & COGNITIVE EFFORT	S ALONG WITH IM /I E SDEECH ELLIENCY PEADING ELINCTIONAL LISE DE
	HEMIPLEGIC LIMB, SPECIFIC COGNITIVE-MOTOR SKILLS RELATED TO SPORTS PERFORMANC	
	EXERCISES:	
	A. HANDS	
	B. TOES	
	C. HEELS	
1	D. BILATERAL	
4	d E. BALANCE	
99	E. CUSTOM EXERCISES	
se	A At this point in IM training, include hand exercises with the aim of challenging focus, cognitive pr	cognitive processing, and motor planning & sequencing (fine motor control) by gradually adjusting
Y	L to harder IM settings (i.e., reduce Difficulty setting toward 50, then to Auto Diff, adjust Burst Thres	t Burst Threshold to require higher IAR hits to earn bursts, etc)
d	• In the same session, begin to increase the length of one hand exercise by extending the duration	he duration it each session (i.e., Both Hands) to 10, 15, 20, 30 minutes with the goal of maintaining
	the lowest possible exercise average (ms), IAK level, & rate of burst achievement over the entire a	the entire duration of the exercise sted in the IM software in a hierarchy of difficulty: thes heels, bilateral, then balance. As you
	introduce lower extremity exercises, watch for the need to modify IM settings (i.e., Difficulty, tem)	ficulty, tempo) or turn off guide sounds temporarily. This will be especially true if you are working
	with a client who exhibits impaired motor planning & sequencing. As your client becomes profici	omes proficient with toes, introduce heels. Once proficient with heels, introduce bilateral, etc.
	Repeat these exercises each session until Task Averages (ms) improve for each.	
	Once timing is mastered & your client demonstrates greater automaticity with motor skills (i.e., n	skills (i.e., no longer needs to use cognition to motor plan & sequence & cognitive resources are
	free to work on other tasks), you may introduce custom exercises to work toward motor, speech,	or, speech, language, cognitive, academic, or athletic goals. This is discipline-specific and based
	upon your area of clinical/professional expertise.	
	At this point, you may also wish to explore your client's visual timing skils (see Education portion	ion portion of IM's website for additional information about using IM to address visual attention &
	processing).	

A-18 SAMPLE SFT PERFORMANCE ANALYSIS REPORT

Short Form Test Performance Analysis

Т	rainee ID: D)									Repo	ort 03/19/20	15
					Com	nparison W	ith Previo	us Session					
A B B										% Performa	nce Change	From A to B*	
		Previous SF Test Date: 03/07/2015				Latest SF Test Date: 03/10/2015				Task	Var	CD00/	
	Task	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	SRO%	
	1	54	102	60	6	52	18	24	56	82%	60%	833%	
	2	54	102	53	6	52	16	18	56	84%	66%	833%	

Comparison With Best Task Scores In Current File**

	_	/	4				3		% Performance Change From A			
	P	revious Best	Scores: 03/07	/2015	L	atest SF Test	Date: 03/10/	2015	Task	Var	CDO#	
Task	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	SRO%	
1	54	102	60	6	52	18	24	56	82%	60%	833%	
		Α			В				% Performa	ince Change l	rom A to B*	
	P	revious Best	Scores: 03/07	/2015	Latest SF Test Date: 03/10/2015			Task	Var	600%		
Task	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	SRO%	
2	54	102	53	6	52	16	18	56	84%	66%	833%	

Comparison With First Short Form Test In Current File

			Ą			E	3		% Performa	nce Change	From A to B*
	Firs	t SF Test In Fi	le Date: 02/1	6/2015	L	atest SF Test	Date: 03/10/2	2015	Task	Var	600%
Task	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	SKU%
1	52	288	138	0	52	18	24	56	94%	83%	100%
2	54	252	232	0	52	16	18	56	94%	92%	100%

NOTES If less than 20 repetitions of a task were completed no data will be reported for that task.

* Positive values = Performance improvement Negative (-) values = Performance decrease Zero (0) values = No significant change in performance

** Based on best Task Average score for each Short Form Test task in the current file

SAMPLE SFT TASK AVERAGE GRAPH

DEM2015 - Short Form Tests Task Avg.



Training Date

A-19 SAMPLE SHORT FORM TEST SRO% GRAPH

DEM2015 - Short Form Tests SRO%



Training Date

A-20 SAMPLE PRE LFA CALCULATIONS REPORT

Long Form Assessment Calculations

IM Long Form Assessment Date: 02/16/2015 Trainee ID: D IM Trainer Name: demo file Date of Birth: 10/14/1968 Preferred Hand: Right Gender: Female

Task	MS	Early Hits	Late Hits
1. Both Hands	345	54	
2. Right Hand	305	26	
3. Left Hand	267	30	
4. Both Toes	171	19	11
5. Right Toe	326	30	
6. Left Toe	187	29	
7. Both Heels	164	18	12
8. Right Heel	288	27	
9. Left Heel	185	29	
10. R Hand/L Toe	160	21	8
11. L Hand/R Toe	288	23	6
12. Bal. Right Foot	211	19	11
13. Bal. Left Foot	268	25	4
14. #1 -w Guide ends	274	39	13
Total Unadjusted	246	389 (85.7%)	65 (14.3%)

IM Long Form Assessment Battery Results:

Millisecond Accuracy

a) Hands ms avg. (includes Task 1, 2, 3, 14) = 298

b) Feet ms avg. (includes Task 4, 5, 6, 7, 8, 9, 12, 13) = 225

c) Both Hands ms avg. (includes Task 1, 14) = 310

d) Both Feet ms avg. (includes Task 4, 7) = 168

e) Left Side ms avg. (includes Task 3, 6, 9) = 213

f) Right Side ms avg. (includes Task 2, 5, 8) = 306

g) Bilateral ms avg. (includes Task 10, 11) = 224

h) Adjusted ms avg. ((a + b) / 2) = 262

Long Form Assessment Battery Achievements Highest In-A-Row: 1, Task = 14 Total Number of IAR Bursts: 0 Percentage within 15 MS: 4%

Optional - Attend Over Time Test Both Hands 500 reps: 237.7

A-21 SAMPLE POST LFA CALCULATIONS REPORT

Long Form Assessment Calculations

IM Long Form Assessment Date: 03/10/2015 Trainee ID: D IM Trainer Name: demo file Date of Birth: 10/14/1968 Preferred Hand: Right Gender: Female

Task	MS	Early Hits	Late Hits
1. Both Hands	19	34	18
2. Right Hand	19	19	11
3. Left Hand	19	21	9
4. Both Toes	42	25	4
5. Right Toe	39	28	2
6. Left Toe	17	18	11
7. Both Heels	51	24	5
8. Right Heel	43	23	6
9. Left Heel	29	26	3
10. R Hand/L Toe	24	20	10
11. L Hand/R Toe	28	15	15
12. Bal. Right Foot	45	24	6
13. Bal. Left Foot	22	25	5
14. #1 -w Guide Sounds	18	38	16
Total Unadjusted	30	340 (73.7%)	121 (26.2%)

IM Long Form Assessment Battery Results:

Millisecond Accuracy

a) Hands ms avg. (includes Task 1, 2, 3, 14) = 19

b) Feet ms avg. (includes Task 4, 5, 6, 7, 8, 9, 12, 13) = 36

c) Both Hands ms avg. (includes Task 1, 14) = 19

d) Both Feet ms avg. (includes Task 4, 7) = 46

e) Left Side ms avg. (includes Task 3, 6, 9) = 22

f) Right Side ms avg. (includes Task 2, 5, 8) = 34

g) Bilateral ms avg. (includes Task 10, 11) = 26

h) Adjusted ms avg. ((a + b) / 2) = 28

Long Form Assessment Battery Achievements Highest In-A-Row: 6, Task = 2 Total Number of IAR Bursts: 6 Percentage within 15 MS: 4%

Optional - Attend Over Time Test Both Hands 500 reps: 18.7

Page 1 of 1

A-22 SAMPLE LFA COMPARISON REPORT

LFA Comparison - Page 1 Comparison With The Previous LFA In Current File

		1	ł				3		% Performance Change From A to B*			
	P	Previous LFA Da	te: 02/16/2015			Latest LFA Dat	e: 03/10/2015		Task	Var	6000/	
Excercises	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	SRU%	
1	54	345	84	0	52	19	20	35	94%	76%	100%	
2	26	305	110	0	30	19	26	43	94%	76%	100%	
3	30	267	56	0	30	19	20	47	93%	64%	100%	
4	30	171	182	3	29	42	39	24	75%	79%	700%	
5	30	326	68	0	30	39	24	13	88%	65%	100%	
6	29	187	44	0	29	17	20	55	91%	55%	100%	
7	30	164	183	3	29	51	51	31	69%	72%	933%	
8	27	288	94	0	29	43	42	17	85%	55%	100%	
9	29	185	98	0	29	29	26	31	84%	73%	100%	
10	29	160	176	7	30	24	28	50	85%	84%	614%	
11	29	288	242	3	30	28	33	30	90%	86%	900%	
12	30	211	236	3	30	45	40	13	79%	83%	333%	
13	29	268	193	0	30	22	19	43	92%	90%	100%	
14	52	274	258	2								

NOTES:

If less than 20 repetitions of a task were completed no data will be reported for that task. If a task was performed more than once in a session, the data from the performance with the best Task Avg is used.

* Positive values = Performance improvement Negative (-) values = Performance decrease Zero (0) values = No significant change in performance

Page 1 of 2

			A				В		% Performance Change From A to B*		
		First LFA Date	:02/16/2015			Latest LFA Dat	e: 03/10/2015		Task Var		CPO04
Excercises	Rep.	Task Avg	Var Avg	SRO%	Rep.	Task Avg	Var Avg	SRO%	Avg	Avg	360%
1	54	345	84	0	52	19	20	35	94%	76%	100%
2	26	305	110	0	30	19	26	43	94%	76%	100%
3	30	267	56	0	30	19	20	47	93%	64%	100%
4	30	171	182	3	29	42	39	24	75%	79%	700%
5	30	326	68	0	30	39	24	13	88%	65%	100%
6	29	187	44	0	29	17	20	55	91%	55%	100%
7	30	164	183	3	29	51	51	31	69%	72%	933%
8	27	288	94	0	29	43	42	17	85%	55%	100%
9	29	185	98	0	29	29	26	31	84%	73%	100%
10	29	160	176	7	30	24	28	50	85%	84%	614%
11	29	288	242	3	30	28	33	30	90%	86%	900%
12	30	211	236	3	30	45	40	13	79%	83%	333%
13	29	268	193	0	30	22	19	43	92%	90%	100%
14	52	274	258	2							

LFA Comparison - Page 2 Comparison With The First LFA In Current File

NOTES: If less than 20 repetitions of a task were completed no data will be reported for that task. If a task was performed more than once in a session, the data from the performance with the best Task Avg is used.

* Positive values = Performance improvement Negative (-) values = Performance decrease Zero (0) values = No significant change in performance

A-23 SAMPLE AOT TASK MS AVERAGE GRAPH



SAMPLE AOT VARIABILITY AVERAGE GRAPH



A-24 SAMPLE SESSION DATA REPORT

Session Date:	2015-03-10. Total Reps Hit / Assi	gned: 1046/107	. 6													
Mode	Training Type	Session	Task	Excerise	Reps Hit/Assigned	Tempo	Guide Sounds	Difficulty	Visual Indicator	Avg (MS)	Var Avg (MS)	SRO %	Burst	IAR	Early/Late Hits %	Notes
Manual	Short Form Testing	1	1	BothHands	52/54	54	Off	100	Auditory, Default	18	24	55	2	29	50.00% / 50.00%	
Manual	Short Form Testing	-	2	Repeat #1 with Guide Sounds	52/54	54	NO	100	Auditory, Default	16	18	55	e	29	71.15% / 28.85%	
Manual	Regular Training	-	-	Both Hands	53/54	54	NO	100	Auditory, Default	17	22	54	m	29	52.83% / 47.17%	
Manual	Long Form Assessment	-	1	BothHands	52/54	54	Off	100	Auditory, Default	19	20	34	-	18	65.38% / 34.62%	
Manual	Long Form Assessment	1	2	Right Hand	30/30	54	Off	100	Auditory, Default	19	26	43	1	13	63.33% / 36.67%	
Manual	Long Form Assessment	-	m	Left Hand	30/30	54	Off	100	Auditory, Default	19	20	46	0	14	70.00% / 30.00%	
Manual	Long Form Assessment	-	4	Both Toes	29/30	54	Off	100	Auditory, Default	42	39	24	0	2	86.21% / 13.79%	
Manual	Long Form Assessment	-	Ŋ	Right Toe	30/30	54	Off	100	Auditory, Default	39	24	13	0	4	93.33% / 6.67%	
Manual	Long Form Assessment	-	9	LeftToe	29/30	54	Off	100	Auditory, Default	17	20	55	2	16	62.07% / 37.93%	
Manual	Long Form Assessment	-	7	Both Heels	29/30	54	Off	100	Auditory, Default	51	51	31	-	6	82.76% / 17.24%	
Manual	Long Form Assessment	-	œ	Right Heel	29/30	54	Ĵ	100	Auditory, Default	43	42	17	0	5	79.31% / 20.69%	
Manual	Long Form Assessment	-	6	Left Heel	29/30	54	Off	100	Auditory, Default	29	26	31	0	6	89.66% / 10.34%	
Manual	Long Form Assessment	-	10	Right Hand / Left Toe	30/30	54	Off	100	Auditory, Default	24	28	50	-	15	66.67% / 33.33%	
Manual	Long Form Assessment	-	=	Left Hand / Right Toe	30/30	54	Off	100	Auditory, Default	28	33	30	0	6	50.00% / 50.00%	
Manual	Long Form Assessment	-	12	Balance Right Foot / Tap Left Toe	30/30	54	Off	100	Auditory, Default	45	40	13	0	4	80.00% / 20.00%	
Manual	Long Form Assessment	-	13	Balance Left Foot / Tap Right Toe	30/30	54	Off	100	Auditory, Default	22	19	43	0	13	83.33% / 16.67%	
Manual	Attend Over Time	-	-	Both Hands	482/500	54	Off	100	Auditory, Default	19	23	47	15	231	54.77% / 45.23%	

Trainee ID: D

A-25 SAMPLE SESSION IAR GRAPH

D - Regular Training Session Highest IAR for All Exercises



SAMPLE SESSION BURST GRAPH

D - Regular Training Session Highest Bursts for Exercise 1



A-26 SAMPLE SESSION SRO% GRAPH

D - Regular Training Session Highest SRO% for Exercise 1



Training Date

SAMPLE BEST TASK AVERAGE GRAPH

DEM2015 - Regular Training Best Task Avg. for Exercise 1



Training Date

A-27 SAMPLE VARIABILITY AVERAGE GRAPH



SAMPLE TOTAL MINUTES/REPETITIONS REPORT

Total Minutes/Repetitions

Trainee ID: D Session Date: 02/16/2015 - 03/10/2015

Date	Session Mins.	Total Mins.	Session Reps.	Total Reps
02/16/2015	26	26	1052	1052
03/07/2015	3	29	162	1214
03/10/2015	26	55	1051	2265

NOTE:

*Indicates that the training minutes were not calculated because the training on that date was conducted with a version of the IM program earlier than version 8.0. Older versions do not save all of the data necessary to accurately calculate the training minutes.

A-28 SAMPLE SESSION CALENDAR REPORT

IM Session Calendar

Т	rainee ID: D						Report 03/19/2015
				June, 2013			
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
							1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
						20Min.	

IM Session Calendar

Report 03/19/2015

July, 2013

Cum	Man	Tue	W/a d	Thu	E:	Cat
Sun	IVION	Tue	wed	Inu	Fri	Sal
	1	2	3	4	5	6
	56Min.	56Min.	57Min.	56Min.	56Min.	
7	8	9	10	11	12	13
56Min.	56Min.		20Min.			
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Trainee ID: D

IM BEST PRACTICE RESOURCES



RETAIL HUNTING GROUNDS	S Goodwill					
S Dollar stores	Geodesing Geodesing Hardware stores					
S Big Lots	S Toy Stores					
K-Mart: www.kmart.com	Sports Stores					
S Walmart: www.walmart.com						
Contract State						
ONLINE HUNTING GROUNDS	Enabling Devices					
Specialized Triggers:	www.enablingdevices.com					
Shear Ablenet	Corporation					
www.ablenetinc.com	www.tapeswitch.com					
OTHER EDUCATIONAL TOYS & KNICK-KNACKS						
Shilitations	SPDP – Professional development Products					
www.abilitations.com	www.pdppro.com					
Achievement Products	S Pocket Full of Therapy					
www.achievement-products.com	www.pfot.com					
Oiscount School Supply	Served inc					
www.DiscountSchoolSupply.com	www.proedinc.com					
S Discount Teacher Supply	Sensory Edge					
www.earlychildhood.com	www.sensoryedge.com					
S Discovery Toys	Southpaw Enterprises					
www.discoverytoysinc.com	www.southpawenterprises.com					
Sector Stage St	S Talk Tools					
www.flaghouse.com	www.talktools.com					
S Fun and Function	🍊 Therapro					
www.funandfunction.com	www.theraproducts.com					
🍯 Lakeshore Learning	🍊 Therapy Shoppe					
www.lakeshorelearning.com	www.therapyshoppe.com					
Linguisystems	U.S. Toys/Constructive Playthings					
www.linguisystems.com	www.ustoy.com					
🍯 Oriental Trading	🥌 Your Therapy Source					
www.orientaltrading.com	www.yourtherapysource.com					
RECOMMENDED WEBSITES						
American Occupational Therapy Association	SPD Foundation					
www.aota.org	www.Sinetwork.org					
American Speech and Hearing Association	Sensory Resources					
www.asha.org	www.sensorvresources.com					
American Physical Therapy Association	S.I. Focus					
www.apta.org	www.sifocus.com					
American Psychological Association	Special Needs Net					
www.apa.org	www.SPDNET.org (great resource for figuring out					
Optometrists Network-Vision Therapy	how Sensory play helps kids learn)					
www.visiontherapy.org	SPD Support					
Solutional Education Association	www.SPDSupport.org					
www.nea.org	Sensory Processing Support Group					
Sector Academy of Audiology	groups.vahoo.com/group/SID-DSI_AllAboutKids/					
www.audiology.org	S The Out of Sync Child					
Sector Chiropractic Association	www.out-of-sync-child.com					
www.americhiro.org	S About.com					

 Clinical Exercise Physiology Association www.acsm-cepa.org

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www.about.com (search sensory integration)

S A Teach About

www.ateachabout.com

A-30 IM BEST PRACTICE RESOURCES CONT. Conteractive



RECOMMENDED MAGAZINES

- **S.I. Focus Magazine** call 1 (241) 341 9999
- S Integrations, bright solutions for kids with learning and sensory differences call 1 (800) 622 0638
- **C** Today in OT www.todayinot.com

GOAL-WRITING TIPS FOR THERAPISTS & HEALTHCARE PROVIDERS

EXAMPLES OF LONG TERM FUNCTIONAL KEY ELEMENTS OF SHORT-TERM GOALS **GOALS FOR PEDIATRIC & ADULT PATIENTS**

- Integrate visual motor skills to whole task activities
- Increase length of focused attention to non-preferred/ challenging activities
- Increase proximal stability/core strength during static tasks
- Improve sensory integration .
- Increase recognition of body part identification during motor activities
- Relax body posture and exhibit engaged facial exchanges during communication
- Improve handwriting
- Improve attention & concentration
- Improve ability to tune out distractions
- Improve reading comprehension & fluency
- Improve math calculations .
- Improve speech prosody
- Increase vocal regulation and articulation
- Improve phonological awareness
- Improve expressive communication skills
- Improve receptive communication skills
- Improve visual processing
- Improve auditory processing
- Increase speed of mental processing
- Improve social skills
- Improve memory
- Improve decision-making/problem-solving skills
- Improve organizational skills
- Improve self-monitoring and behavioral self-regulation
- Improve toileting and self-care skills
- Improve coordination for play activities
- Remain seated and focused for classroom and tabletop (i.e., mealtime, homework) activities
- Initiate and organize homework assignments
- Write down assignments accurately
- Use mouse to navigate on computer
- Maintain balance when seated without support
- Ambulate through school hallways without falling
- Decrease falls
- Perform transfers safely and independently
- Safely & successfully reach for items outside of base of support
- Increase independence with dressing/ADLs
- Cook accurately and safely
- Open medication & food containers
- Functional use of prosthetic limb(s)
- Manage finances
- Recall functional information
- Maintain focus and concentration in noisy/distracting environments
- Community reintegration (work, school, social)
- Improve driving (usually not reimbursed by insurance since not a medical necessity, although IM can improve skills necessary for driving)

- Treatment task(s) to be completed: IM exercise and/or performance area targeted (i.e., attention, processing, motor coordination)
- Measurable score: IM Task Average or millisecond range you want your client to perform within (i.e., <150ms)
- Challenge level of IM settings: easy, moderate, difficult, most challenging
- Expected level of assistance to perform: independent, min, mod, max assist
- Functional outcome expectedin order to be able to.....

EXAMPLES OF SHORT-TERM GOALS

- Patient will perform IM Both Toes exercise for 2 minutes while wearing a gait belt with score of < 200 ms with moderately challenging feedback for timing & rhythm & min assist in order to improve balance for safety with standing & ambulation short distances during ADLs.
- Patient will perform IM bilateral coordination exercises for 2 minutes each with a score of < 125 ms with easiest feedback settings for timing & rhythm in order to improve handwriting and other fine motor skills.
- Patient will complete IM exercises with a score of < 300 ms that challenge attention, concentration & cognitive processing for 2 minutes each with the pace reduced to 50 bpm to aid processing, easy feedback settings, and moderate assistance in order to improve auditory comprehension of simple, 1-step instructions.
- Patient will demonstrate ability to sustain auditory/ visual attention & concentration for 15 consecutive minutes in the presence of auditory/visual distractions with a score of <30 ms in order to improve functional independence & safety in the home environment.

EXAMPLES OF LONG-TERM GOALS

- Patient will demonstrate safety and independence with self-care activities and basic ADLs in the home environment with use of assistive devices as necessary.
- Patient will demonstrate improved handwriting on standardized testing to within the average range of ability.
- Patient will communicate basic/needs and wants and comprehend simple commands with 85% accuracy.
- Patient will demonstrate ability to maintain focus in the presence of distractions in order to reduce the risk of falling at home and in the community.

CONTACT US If you have questions, please feel free to call us! 954-385-4660



IM CORPORATE OFFICE

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BUSINESS HOURS

Monday - Friday 9:00 AM - 5:00 PM EST

DEPARTMENTS

Sales: opt. 1 Technical Support: opt. 5 Clinical Support: opt. 6 Marketing: opt. 7 Accounting: opt. 8